

Permit No.

HOT WORK PERMIT

APPLICATION FOR HOT WORK

PERMISSION GRANTED TO:.....
WORK LOCATION:.....
WORK TO BE DONE:.....

PERMIT BEGINS	PERMIT EXPIRES
Date:/...../..... Time:am/pm	Date:/...../..... Time:am/pm

EMERGENCY INFORMATION & EQUIPMENT

If fire occurs, call: Telephone No. ()

Fire watch required: **yes** **no** By whom?.....

Fire Fighting Equipment on hand? fire extinguisher hose reel other:

Special Precautions:

AUTHORISED (by RRC Representative)

The above work is authorised by the responsible person to proceed subject to the following action being taken prior to the hot work commencing. Each item is to be checked by the responsible person.
 Signed: Date:/...../..... Time: am/pm

EXPOSURE TO HAZARDS

The following checks have been made: <i>(Note: all questions are to be answered).</i>	YES	NO	N/A	COMMENTS
Has a Hot Work Risk Assessment been done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire detection system has been isolated (eg. sprinklers, detectors)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have drains, pits and depressions been checked, isolated and sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have combustible materials been removed from the work area or made safe (eg. within 10m of hot work)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have tanks, valves, vents, pipelines been blanked off or isolated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is ventilation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are spark / flash screens in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are doorways and other area covered to prevent transmission of sparks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the fire equipment been checked and laid out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Covers suspended beneath work to collect sparks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wind direction satisfactory for hot work to be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has product movement been stopped in the area of hot work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the site of hot work been isolated/roped off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPE available and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the correct flashback arresters fitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the last test date for all flashback arresters within 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ATMOSPHERE TESTING (Confined Space)

Date of Test: ____/____/____ Time of Test: ____ am/pm Results of tests % L.E.L: _____
 Is Hot Work safe to proceed? **yes** **no** Tested By: _____

WORK COMPLETED AND AREA SAFE

The work area and all adjacent areas where sparks may have spread have been inspected for at least 60 minutes after the work was completed and no fire conditions were noted.
 Signed: Date:/...../..... Time: am/pm

RETURN OF PERMIT

By: _____ To: _____